

Graduate Center for Public Policy and Administration
APPLICATION FOR ADVANCEMENT TO CANDIDACY
Master of Public Administration Degree Program

Please Type

Name _____ Telephone _____ ID # _____

Address _____ City/St _____ Zip _____

1. Completion of M.P.A. Program Prerequisites:

(Managerial/Technical Professional experience or analytical/communication skills courses for pre-service study-complete either A or B)

A. Managerial or Technical Professional Experience (Title and Organization):

Approval by Faculty Advisor: _____

or

B. Undergraduate Courses Demonstrating a Capacity for Communication and Analytical Skills:

<i>Course</i>	<i>Title</i>	<i>Institution</i>	<i>Semester/Year</i>	<i>Professor</i>	<i>Grade</i>	<i>Units</i>

2. Required Courses:

<i>Course</i>	<i>Title</i>	<i>Semester/Year</i>	<i>Professor</i>	<i>Grade</i>	<i>Units</i>
PPA 500	Foundations of Public Policy & Administration				3
PPA 555	Government Budgeting and Finance				3
PPA 577	Public Sector Personnel Administration				3
PPA 660	Organization Theory and Behavior				3
PPA 670	Seminar in Public Policy Analysis				3
PPA 696	Research Methods in Public Administration				3
PPA 697	Directed Research				3

3. Elective Courses:

<i>Course</i>	<i>Title</i>	<i>Semester/Year</i>	<i>Professor</i>	<i>Grade</i>	<i>Units</i>
					3
					3
					3
					3
					3

Total Program Units 36

4. Internship:

<i>Course</i>	<i>Title</i>	<i>Semester/Year</i>	<i>Professor</i>	<i>Grade</i>	<i>Units</i>

or: Approval of Waiver by Faculty Advisor _____

5. Proof of Graduate Writing Proficiency Examination Completed must be attached to this form.

6. Program Approval (Signatures)

Student _____ date _____

Faculty Advisor _____ date _____

Director of Center _____ date _____

Dean, College of Health & Human Services _____ date _____